

S&amp;H Form: PTO/SB/3D (12/04)

# REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

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(INCLUDING FILING FEE AND/OR PETITION FOR  
EXTENSION OF TIME FEE)

Subsection (b) of 35 U.S.C. §132, effective May 29, 2000  
provides for continued examination of a utility or plant application  
filed on or after June 8, 1995.  
See The American Inventors Protection Act of 1999 (AIPA)

To: Commissioner for Patents Box RCE PO Box 1450 Alexandria, VA 22313-1450		Attorney Docket No.:442.1033-D	
First Named Inventor	Hiroshi OKANO et al.		
Application No.	10/686,711	Group Art Unit	3744
Filing Date	October 17, 2003	Examiner	
CPA Filing Date		Confirmation No	8824
Title of Invention	CO-GENERATION SYSTEM AND A DEHUMIDIFICATION AIR-CONDITIONER		
This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.			
1.			
Submission required under 37 C.F.R. §1.114 (Box a or b must be completed)			
a. <input checked="" type="checkbox"/> Previously submitted i. <input checked="" type="checkbox"/> Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on <u>February 7, 2007</u> (Any unentered amendment(s) referred to above will be entered). ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on ____ iii. <input type="checkbox"/> Other b. <input type="checkbox"/> Enclosed i. <input type="checkbox"/> Amendment/Reply ii. <input type="checkbox"/> Affidavit(s)/Declaration(s) iii. <input type="checkbox"/> Information Disclosure Statement (IDS) iv. <input type="checkbox"/> Other			
<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b> I hereby certify that this correspondence is being transmitted via facsimile to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on <u>March 12, 2007</u> By: <u>STAAS &amp; HALSEY</u> Date: <u>March 12, 2007</u>			
2.			
Miscellaneous			
a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 C.F.R. §103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. §1.17(f) required). b. <input type="checkbox"/> Other			

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[Page 1 of 2]


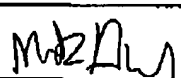
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02 FC:2252 225.00 DA

03/13/2007 WABDELRI 00000056 193935 10686711

01 FC:2801 395.00 DA

MAR 12 2007

					BASIC FEE		\$	790.00
Since an Official Action set an original due date of <u>February 7, 2007</u> , petition is hereby made for an extension of time to cover the date this RCE is filed, for which the requisite fee is enclosed (1 month (\$120)); (2 months (\$450)); (3 months (\$1,020)); (4 months (\$1,590)); (5 months (\$2,160):								450.00
Claims As Amended	Claims Remaining After Amendment	Highest Number Previously Paid For		Number Extra	Rate			
Total Claims	10	20	- 20 =	0	X \$ 50.00 =			\$ 0.00
Independent Claims	4	4	- 3 =	0	X \$ 200.00 =			\$ 0.00
Suspension Fee (\$130.00)								
Total of above Calculations =							\$	1240.00
Reduction by 50% for filing by small entity (Note 37 C.F.R. 1.9, 1.27, 1.28).								-620.00
TOTAL FEES DUE =							\$	620.00
4. <input checked="" type="checkbox"/> Small entity status: a. <input type="checkbox"/> Verified Statement Claiming Small Entity Status. b. <input checked="" type="checkbox"/> A Verified Statement Claiming Small Entity Status was previously filed and such status is still proper and desired. c. <input type="checkbox"/> is no longer claimed. 5. <input type="checkbox"/> Other:								
<b>6. METHOD OF PAYMENT</b>								
<input type="checkbox"/> A check in the amount of \$620.00 is enclosed. <input checked="" type="checkbox"/> Charge "TOTAL FEES DUE" to Deposit Account No. 19-3935. (A duplicate copy of this form is enclosed.)								
<b>7. GENERAL AUTHORIZATION</b>								
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit any overpayment or charge any additional fees under 37 C.F.R. 1.16 (filing fees) or 37 C.F.R. 1.17 (processing fees) during the prosecution of this application and of any related application(s) claiming benefit hereof pursuant to 35 U.S.C. §120 to maintain pendency hereof and of any such related application to: Deposit Account No. 19-3935.								
<b>8. CORRESPONDENCE ADDRESS</b>								
STAAS & HALSEY LLP  21171 PATENT TRADEMARK OFFICE						<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b> I hereby certify that this correspondence is being transmitted via facsimile to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on <u>March 12, 2007</u> By: <u>STAAS &amp; HALSEY</u> Date: <u>March 12, 2007</u>		
<b>9. SIGNATURE OF ATTORNEY OR AGENT REQUIRED</b>								
NAME	Mark J. Henry				REGISTRATION NO.	36,162		
SIGNATURE					DATE	<u>March 12 2007</u>		